

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6		2				
7		2				
8		1				
9						
10						
11						
12		2				
13		2				
14		2				
15		1				
16						
17		1				
18		1				
19						
20						
21						
22						
23		2				
24		1				
25		1				
26						
27						
28		1				
29		2				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

244

TOTAL DEP.

246

TOTAL CLAIMS

246

TOTAL IND.

244

TOTAL DEP.

246

TOTAL CLAIMS

246